Please type a plus sign (+) inside this box -> +

a valid OMB control number.

FLE-PT013.1

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



Attorney Docket Number DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

■ Declaration OR Submitted with Initial

Filing

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))

required)

Sterner et al. First Named Inventor COMPLETE IF KNOWN **Application Number** Not Yet Known Not Yet Known Filing Date Not Yet Known Group Art Unit Not Yet Known **Examiner Name**

As a below named	Inventor, I he	reby declare that:								
My residence, post	office address,	and citizenship are	as stated below next to	my name.						
I believe I am the or names are listed bel	iginal, first and ow) of the sub	sole inventor (if onl	y one name is listed bel claimed and for which a	ow) or an original, i patent is sought o	first and joint inve n the invention er	ntor (if plural				
FL	OW PRO	MOTION DEV	ICE FOR BULK	BAG DISCHA	ARGER					
the specification of is attached h		(Titl	le of the Invention)			·				
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number		and w	as amended on (MM/DI	O/YYYY)		(if applicable).				
I hereby state that I h amended by any ame	ave reviewed	and understand the	contents of the above id	entified specification	on, including the o	claims, as				
		-	ove. material to patentability	aa dallaad in 07 O	FD 4 F0					
T downormough the da	ty to disclose i	MOTHADOL WILCIT IS	material to patentability	as defined in 37 Ci	FR 1.56.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Applica Number(s)	tion	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	py Attached? NO				
				<u> </u>	<u> </u>					
Additional foreign a	pplication num	bers are listed on a	supplemental priority da	ta sheet PTO/SB/	02B attached here	eto:				
Application Num	nefit under 35		y United States provision	nal application(s) lis	sted below.					
			e (MM/DD/YYYY) 8/2003	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 1450, Alexandria, VA 22313-1450.



Picaso type a plus	sign (4	ableni (-	this box	-	+	l

Bethlehem

Additional inventors are being named on the

PTO/S8/01 (12-97)

s sign (+) Inside this box - [+] Approved for use through 9/30/00. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION – Utility or Design Patent Application I hereby daim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designaling the United States of America. If and below and, insufar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.58 which became available between the filling date of the prior application and the national or PCT international filling date of this application. U.S. Parent Application or PCT Parent Parent Filing Date Parent Patent Number Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SS/028 shacked hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: 🔣 Customer Number 3624 Place Customer OR Number Bar Code ☐ Registered practitioner(s) name/registration number listed below Lanel bere Registration Registration Nama Number Number Namely, the Attorneys of Voipe and Kosnig, P.C. Additional registered practitioner(s) named on supplemental Registered Practitionar Information sheet PTC/SB/02C attached hereto. Direct all correspondence to: X Customer Number 3624 OR Correspondence address below or Bar Code Label VOLPE AND KOENIG, P.C. Name Address Address City State ZIP Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that within later statements and the tike so made are purishable by line or imprisonment, or both, under 18 U.S.C. 1001 and that such within later statements may jeopardize the validity of the application or any patent leaved thereon. Name of Sole or First Inventor: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Keith W Sterner Inventor's 8Ignature Date **Bethlehem** Realdance: City PA USA Country 7071 Copenhagen Square Post Office Address 8 Post Office Address

18017

Country

supplemental Additional inventor(a) sheet(s) PTO/SB/02A attached hereto

USA

PA

PTO/SB/0ZA (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Given Name (first and middle [if any])							A petition has been filed for this unsigned inventor					
	ny))		-		Family Na							
David H.						GI	11					
							5 _1_					
Residence: City Stewartsville			c	ountry	, USA		Date Citizenship USA					
2 Thomas Stewa	rt Wa	у										
wartsville	Sta	NJ te	2	<u>IP</u>	08886	Count	y USA					
I Joint Inventor, if	any:			pelilio								
Given Name (first and middle (if anyl)						Family Name or Surname						
John F.				Simonof, Jr.								
MA							Date 4/16/0					
Easton	Sta	PA	C	emtrv	USA		Citizenship USA					
Clairmont Avenu	ie.						, State Halling					
				·								
aston	Sta	P A		ZIP .	18045	Cour	ntry USA					
Joint Inventor, if a	iny:			etition	has been filed	for this	unsigned inventor					
e (first and middle [if any	<u>)</u>	Т	Family Name or Surname									
							- Constitu					
							Date					
Residence: City State												
				- HILLY			Citizenship					
		-										
ailing Address City State						T						
	David R. Stewartsville Thomas Stewartsville John F. Easton Clairmont Avenuation	Stewartsville 2 Thomas Stewart Was Wartsville I Joint Inventor, if any: me (first and middle (if any)) John F. Easton Clairmont Avenue aston Joint Inventor, if any: me (first and middle (if any)) State State	Stewartsville Thomas Stewart Way Wartsville Joint Inventor, if any: me (first and middle (if any!) John F. Easton Clairmont Avenue State Joint Inventor, if any: e (first and middle [if any!) state PA State State State	Stewartsville Thomas Stewart Way Wartsville Joint Inventor, if any: Easton Clairmont Avenue State A Collist and middle [if any]) John F. A Clairmont Avenue State State A Collist and middle [if any]) State State Collist and middle [if any])	Stewartsville State Thomas Stewart Way Wartsville Joint Inventor, if any: Marticology A petition A petition Clairmont Avenue State A petition Clairmont Avenue State A petition A petition Clairmont Avenue State A petition Clairmont Avenue State Country A petition Clairmont Avenue State Country State Country Country Clairmont Avenue Clairmont Avenue Clairmont Avenue Clairmont Avenue Clairmont Avenue Clairmont Avenue Country Clairmont Avenue Country Clairmont Avenue Country Country	Stewartsville State Thomas Stewart Way Wartsville State Joint Inventor, if any: Easton Clairmont Avenue State State PA ZIP 18045 ZIP 18045 ZIP 18045 ZIP 18045 ZIP 18045 ZIP ZIP ZIP ZIP ZIP ZIP ZIP ZI	Stewartsville State PA Country USA Clairmont Avenue Clairmont Avenue State A petition has been filed for the country USA Clairmont Avenue Clairmont Avenue Clairmont Inventor, if any: A petition has been filed for this country Clairmont Inventor, if any: A petition has been filed for this country Country					

Express Mail Label No. EV442791062US

PTO/SB/02B attached hereto.

Please type a plus sign (+) Inside this box -> + PTO/38/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

B valid OMB control number. B valid OMB control number. Attorney Docket Number FLE-PT013.1 DECLARATION FOR UTILITY OR Keith W. Sterner DESIGN First Named Inventor PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number Not Yet Known Filing Date Not Yet Known Declaration □ Declaration Submitted Submitted after Initial Not Yet Known Group Art Unit Filing (surcharge (37 CFR 1.16 (e)) with initial Filing Not Yet Known Examiner Name required) As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. believe t am the original, first and sole inventor (if only one name is tlated below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is dakined and for which a patent is sought on the invention entitled FLOW PROMOTION DEVICE FOR BULK BAG DISCHARGER the specification of which (Tille of the invention) is attached hereto was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number ▮ and was amended on (MM/OD/YYYY) (il applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentiability as defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 05 U.S.C. 118(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, issted below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. Prior Foreign Application Foreign Filing Date **Priority** Certified Copy Attached? Number(s) Country (MM/DD/YYYY) Not Claimed YES NO Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number(s) Filing Date (MM/DD/YYYY) 60/463,931 04/18/2003 Additional provisional application numbers are listed on a supplemental priority data sheet

[Page 1 of 3]

Frage 1 of 3]

Frage 2 of 3]

Frage 3 of 3]

Please type	e plu	s algn	(+)	inside	thta b	φx	-	+	l
-------------	-------	--------	-----	--------	--------	----	---	---	---

PTO/SE/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE a valid OMB control number.

	CL	ARATI	ON-	<u> — Utili</u>	ty or	Des	sign	Pater	nt A	pplicat	ion	
I hereby clai United State United State Information and the natio	m the best of Andrews or PC which is instor F	enellt under 35 verkte, listed be T International a material to pati PCT internationa	U.S.C. 120 low and, in application i entability a at Illing date	of any United tools of the manner per tools of the manner per tools of this applications.	States appublication of the state of the sta	dication(s)	, ог 365(с	of any PCT	internatio	nal Application	designation	
	J.S. P	arent Applic Nu	mber	PCT Pare	nt	Pari (M	ent Filir M/DD/\	ng Date	P	arent Paten (If applic	t Number	
Addition	1110											
As a named in	ventor	or PCT internation	onal applica	ation numbers i	are listed o	n a supple	mental p	nority date sh	eet PTO/S	8/02B Attache	d herelo.	
and Trademar	k Office	I hereby appoint connected ther	ewirp. [K]	Customer Nur OR	mber	(a) to pro: 362	secure this	application s	and to trai	isact all busine Place Cu	ss in the Pat stomer	
				Registered pri	actilioner(s) name/re	deration	number listed	below	Number B		
Namely, th	Attorn	eys of		Regis	itration mber			Name			gistration lumber	
Volpe and												
Aggitional	regiater	ed practitioner(s) remed o	n supplementa	Replatere	d Practitio	ner Infom	nation sheet f	TO/SB/0	2C attached he	reto.	
Direct all con	espon	dence to: 🔣	Custom	er Number Zode Label	1	3624			_	pondence ad		
Name	V	DLPE AND	KOENI	G, P.C.				· · · · ·				
Address												
Address												
City						State		ZII	Р	-		
Country		_		Telephon	e			50				
I hereby declar believed to be punishable by I application or a	e that a true; an ine or i ly paler	ill statements med further that the moreon of the state of the second contract of the second contract is a second contract of the second	nade hereir hese stater r both, und 1	n of my own ki menta were mi der 18 U.S.C.	nowledge i ade with th 1001 and	are true a ne knowie that such	of that a dge that i willing tal	A statemente	mada on	information ar and the like a pardize the va	nd bellef are o made are allolly of the	
	_	erst invente				□ A pe	tition ha	s been filed	for this	insigned Inve	ntor	
Giv	en Na	ne (first and n Keith		(וֹעַתוֹ)		Family Name or Surname						
Inventor's Signature		Keiui	VV.					St	emer			
Residence: Çî	ly	Bethlehem PA					<u> </u>	1104		Dale		
Post Office Add	State A Country USA Cilizenahi							Citizenship	USA			
Past Office Ad	iress											
City		Bethlehem	State	PA	ZJP	19017 Country				USA		
J Additional in	ventor	s are being na	med on I	he <u>1</u> supp		Addition	al Invent			B/02A attack		

Piesse	type	3	phus	algn	(+) i	arde	Unis	рох	→	+
--------	------	---	------	------	-------	------	------	-----	----------	---

PTC/S8/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor,	if any	;		☐ A peti	lion has been	filed to	r this implement	· · · · ·		
Given Name (first and middle [if	any])	 -	\neg	The second and dusing the inventor						
David R.			_	Family Name or Surname Gill						
Inventor's Signature	~			APRIL 16, 700						
Residence: City Stewartsville	s	NJ tate		Country	USA			USA		
Mailing Address 422 Thomas Stewa				Tooming			Citizenship	007		
Mailing Address					N					
chy Stewartsville		NJ tate		ZIP	08886	Count	r l	JSA		
Name of Additional Joint Inventor, if		1] A pelition	has been flic		is unsigned Inv			
Given Name (first and middle [if a	ny])			Family Name or Surname						
John F.]	Simonof, Jr.						
Inventor's Signature										
Residence: City Easton	8	PA			USA		Date	USA		
Mailing Address 41 Clairmont Aven		<u> </u>		Country			Citizenship	USA		
Mailing Address										
city Easton		PA ate		ZIP	18045	Cour	ntov	JSA		
Name of Additional Joint Inventor, if	any;			A petition h	as been filed					
Given Name (first and middle [if any	(1)			A petition has been filed for this unsigned inventor Family Name or Surname						
				_			Consenie			
Inventor's Signature							Data			
Residence: City	Country			Date Citizenship						
Malling Address	_						O.M. CATISTILD			
Mailing Address			-					~		
City										

Burden Hour Statement: This form is astimated to take 21 minutes to complete. Time will vary depending upon the needs of the Individual case.

